

<b>United States Bankruptcy Court Northern District of Illinois</b>						<b>Voluntary Petition</b>																					
Name of Debtor (if individual, enter Last, First, Middle): <b>Shipp, Lois</b>				Name of Joint Debtor (Spouse) (Last, First, Middle):																							
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):				All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):																							
Last four digits of Soc. Sec. No./Complete EIN or other Tax I.D. No. (if more than one, state all): <b>8988</b>				Last four digits of Soc. Sec. No./Complete EIN or other Tax I.D. No. (if more than one, state all):																							
Street Address of Debtor (No. & Street, City, State & Zip Code): <b>452 Saulk Ln Bolingbrook, IL</b>				Street Address of Joint Debtor (No. & Street, City, State & Zip Code):																							
ZIPCODE <b>60440</b>				ZIPCODE																							
County of Residence or of the Principal Place of Business: <b>Will</b>				County of Residence or of the Principal Place of Business:																							
Mailing Address of Debtor (if different from street address)				Mailing Address of Joint Debtor (if different from street address):																							
ZIPCODE				ZIPCODE																							
Location of Principal Assets of Business Debtor (if different from street address above):						ZIPCODE																					
<b>Type of Debtor</b> (Form of Organization) (Check <b>one</b> box.) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.) _____		<b>Nature of Business</b> (Check <b>one</b> box.) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other _____ <b>Tax-Exempt Entity</b> (Check box, if applicable.) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).		<b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check <b>one</b> box.) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding  <b>Nature of Debts</b> (Check one box) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> Debts are primarily business debts.																							
<b>Filing Fee</b> (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached  <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A.  <input type="checkbox"/> Filing Fee waiver requested (Applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.				<b>Chapter 11 Debtors:</b> <b>Check one box:</b> <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). <b>Check if:</b> <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts owed to non-insiders or affiliates are less than \$2 million. ----- <b>Check all applicable boxes:</b> <input type="checkbox"/> A plan is being filed with this petition <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).																							
<b>Statistical/Administrative Information</b> <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.						<b>THIS SPACE IS FOR COURT USE ONLY</b>																					
Estimated Number of Creditors <table style="width: 100%; border-collapse: collapse;"><tr><td style="text-align: center;">1-49</td><td style="text-align: center;">50-99</td><td style="text-align: center;">100-199</td><td style="text-align: center;">200-999</td><td style="text-align: center;">1,000-5,000</td><td style="text-align: center;">5,001-10,000</td><td style="text-align: center;">10,001-25,000</td><td style="text-align: center;">25,001-50,000</td><td style="text-align: center;">50,001-100,000</td><td style="text-align: center;">Over 100,000</td></tr><tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input checked="" type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr></table>								1-49	50-99	100-199	200-999	1,000-5,000	5,001-10,000	10,001-25,000	25,001-50,000	50,001-100,000	Over 100,000	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<b>Voluntary Petition</b> (This page must be completed and filed in every case)		Name of Debtor(s): <b>Shipp, Lois</b>	
<b>Prior Bankruptcy Case Filed Within Last 8 Years</b> (If more than one, attach additional sheet)			
Location Where Filed: <b>None</b>		Case Number:	Date Filed:
Location Where Filed:		Case Number:	Date Filed:
<b>Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor</b> (If more than one, attach additional sheet)			
Name of Debtor: <b>None</b>		Case Number:	Date Filed:
District:		Relationship:	Judge:
<b>Exhibit A</b> (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)  <input type="checkbox"/> Exhibit A is attached and made a part of this petition.		<b>Exhibit B</b> (To be completed if debtor is an individual whose debts are primarily consumer debts.)  I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by § 342(b) of the Bankruptcy Code.  <div style="display: flex; justify-content: space-between;"><div><b>X /s/ Troy Gleason</b> Signature of Attorney for Debtor(s)</div><div><b>3/05/07</b> Date</div></div>	
<b>Exhibit C</b>			
Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?  <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No			
<b>Exhibit D</b>			
(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)  <input checked="" type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition.  If this is a joint petition:  <input type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.			
<b>Information Regarding the Debtor - Venue</b> (Check any applicable box.)			
<input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.			
<input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.			
<input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.			
<b>Statement by a Debtor Who Resides as a Tenant of Residential Property</b> (Check all applicable boxes.)			
<input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)			
_____ (Name of landlord or lessor that obtained judgment)			
_____ (Address of landlord or lessor)			
<input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and			
<input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.			

**Voluntary Petition**

(This page must be completed and filed in every case)

Name of Debtor(s):

**Shipp, Lois**

**Signatures**

**Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under Chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ Lois Shipp

Signature of Debtor

**Lois Shipp**

X

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

**March 5, 2007**

Date

**Signature of a Foreign Representative**

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only **one** box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.

☐ Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X

Signature of Foreign Representative

X

Printed Name of Foreign Representative

Date

**Signature of Attorney**

X /s/ Troy Gleason

Signature of Attorney for Debtor(s)

**Troy Gleason 6276510**

Printed Name of Attorney for Debtor(s)

**Gleason And Gleason LLC**

Firm Name

**77 W Washington, Ste 1218**

Address

**Chicago, IL 60602**

**(312) 578-9530**

Telephone Number

**March 5, 2007**

Date

**Signature of Non-Attorney Petition Preparer**

I declare under penalty of perjury that: 1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; 2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); 3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19B is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social Security Number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

**Signature of Debtor (Corporation/Partnership)**

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

X

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above.

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

*A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.*

IN RE:

Case No. \_\_\_\_\_

Shipp, Lois

Chapter 7

Debtor(s)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE  
WITH CREDIT COUNSELING REQUIREMENT**

**Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors collection activities.**

*Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.*

☐ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Must be accompanied by a motion for determination by the court.][Summarize exigent circumstances here.]*

**If the court is satisfied with the reasons stated in your motion, it will send you an order approving your request. You must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy case and promptly file a certificate from the agency that provided the briefing, together with a copy of any debt management plan developed through the agency. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. A motion for extension must be filed within the 30-day period. Failure to fulfill these requirements may result in dismissal of your case. If the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing, your case may be dismissed.**

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

- ☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);
- ☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);
- ☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Lois Shipp

Date: March 5, 2007

IN RE:

Case No. \_\_\_\_\_

Shipp, Lois

Chapter 7

Debtor(s)

**SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NUMBER OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	\$ 0.00		
B - Personal Property	Yes	2	\$ 3,450.00		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	1		\$ 0.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	1		\$ 0.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	26		\$ 56,486.02	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	1			\$ 1,470.76
J - Current Expenditures of Individual Debtor(s)	Yes	1			\$ 1,585.00
TOTAL		36	\$ 3,450.00	\$ 56,486.02	

IN RE:

Case No. \_\_\_\_\_

Shipp, Lois

Chapter 7

Debtor(s)

**STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)**

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

**This information is for statistical purposes only under 28 U.S.C. § 159.**

**Summarize the following types of liabilities, as reported in the Schedules, and total them.**

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ 0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E) (whether disputed or undisputed)	\$ 0.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E)	\$ 0.00
Student Loan Obligations (from Schedule F)	\$ 0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$ 0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$ 0.00
<b>TOTAL</b>	<b>\$ 0.00</b>

**State the following:**

Average Income (from Schedule I, Line 16)	\$ 1,470.76
Average Expenses (from Schedule J, Line 18)	\$ 1,585.00
Current Monthly Income (from Form 22A Line 12; <b>OR</b> , Form 22B Line 11; <b>OR</b> , Form 22C Line 20 )	\$ 1,289.00

**State the following:**

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$ 0.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$ 0.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$ 0.00
4. Total from Schedule F		\$ 56,486.02
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$ 56,486.02

IN RE:

Case No. \_\_\_\_\_

Shipp, Lois

Chapter 7

Debtor(s)

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept ..... \$ **556.00**

Prior to the filing of this statement I have received ..... \$ **271.00**

Balance Due ..... \$ **285.00**

2. The source of the compensation paid to me was: ☒ Debtor ☐ Other (specify):
3. The source of compensation to be paid to me is: ☒ Debtor ☐ Other (specify):
4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.  
☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.
5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
  - b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
  - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
  - d. ~~Representation of the debtor in adversary proceedings and other contested bankruptcy matters;~~
  - e. [Other provisions as needed]

6. By agreement with the debtor(s), the above disclosed fee does not include the following services:

**Litigation/Adversary Proceedings**  
**Motions to Redeem \$400.00**  
**Credit Education Fees**

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

**March 5, 2007**

Date

**/s/ Troy Gleason**

Signature of Attorney

**Gleason And Gleason LLC**

Name of Law Firm

**NOTICE TO INDIVIDUAL CONSUMER DEBTOR UNDER § 342(b)  
OF THE BANKRUPTCY CODE**

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In accordance with § 342(b) of the Bankruptcy Code, this notice: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case. You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

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**1. Services Available from Credit Counseling Agencies**

**With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis.** The briefing must be given within 180 days **before** the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies.

**In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge.** The clerk also has a list of approved financial management instructional courses.

**2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors**

**Chapter 7: Liquidation (\$245 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total fee \$299)**

1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a “means test” designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

2. Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

4. Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

**Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$39 administrative fee: Total fee \$274)**

1. Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in instalments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

2. Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them,

using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

3. After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

### **Chapter 11: Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)**

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

### **Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)**

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

### **3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials**

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

### **Certificate of [Non-Attorney] Bankruptcy Petition Preparer**

I, the [non-attorney] bankruptcy petition preparer signing the debtor's petition, hereby certify that I delivered to the debtor this notice required by § 342(b) of the Bankruptcy Code.

Printed Name and title, if any, of Bankruptcy Petition Preparer  
Address:

Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person, or partner of the bankruptcy petition preparer.)  
(Required by 11 U.S.C. § 110.)

**X** \_\_\_\_\_

Signature of Bankruptcy Petition Preparer of officer, principal, responsible person, or partner whose Social Security number is provided above.

### **Certificate of the Debtor**

I (We), the debtor(s), affirm that I (we) have received and read this notice.

**Shipp, Lois**

Printed Name(s) of Debtor(s)

**X /s/ Lois Shipp**

Signature of Debtor

**3/05/2007**

Date

Case No. (if known) \_\_\_\_\_

**X** \_\_\_\_\_

Signature of Joint Debtor (if any)

Date



IN RE Shipp, Lois

Case No. \_\_\_\_\_

Debtor(s)

**SCHEDULE B - PERSONAL PROPERTY**

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, or both own the property by placing an "H" for Husband, "W" for Wife, "J" for Joint, or "C" for Community in the column labeled "HWJC." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

**Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." In providing the information requested in this schedule, do not include the name or address of a minor child. Simply state "a minor child."

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	H W J C	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand.	X			
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.	X			
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, include audio, video, and computer equipment.		<b>Normal and necessary household goods, including but not limited to: TV, chairs, sofas, tables, bedroom furniture, some kitchen appliances, costume jewelry less than \$500 each piece</b>		<b>750.00</b>
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.		<b>Clothing</b>		<b>200.00</b>
7. Furs and jewelry.	X			
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interest in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issue.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(3). 11 U.S.C. § 521(c); Rule 1007(b)).	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Itemize.	X			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	X			
16. Accounts receivable.	X			

SCHEDULE B - PERSONAL PROPERTY

IN RE Shipp, Lois

Case No. \_\_\_\_\_

Debtor(s)

**SCHEDULE B - PERSONAL PROPERTY**  
**(Continuation Sheet)**

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	H W J C	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
17. Alimony, maintenance, support, and property settlements in which the debtor is or may be entitled. Give particulars.	<b>X</b>			
18. Other liquidated debts owing debtor including tax refunds. Give particulars.	<b>X</b>			
19. Equitable or future interest, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule of Real Property.	<b>X</b>			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	<b>X</b>			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	<b>X</b>			
22. Patents, copyrights, and other intellectual property. Give particulars.	<b>X</b>			
23. Licenses, franchises, and other general intangibles. Give particulars.	<b>X</b>			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) in customer lists or similar compilations provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	<b>X</b>			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		<b>1998 GMC Envoy</b>		<b>2,500.00</b>
26. Boats, motors, and accessories.	<b>X</b>			
27. Aircraft and accessories.	<b>X</b>			
28. Office equipment, furnishings, and supplies.	<b>X</b>			
29. Machinery, fixtures, equipment, and supplies used in business.	<b>X</b>			
30. Inventory.	<b>X</b>			
31. Animals.	<b>X</b>			
32. Crops - growing or harvested. Give particulars.	<b>X</b>			
33. Farming equipment and implements.	<b>X</b>			
34. Farm supplies, chemicals, and feed.	<b>X</b>			
35. Other personal property of any kind not already listed. Itemize.	<b>X</b>			
<b>TOTAL</b>				<b>3,450.00</b>

0 continuation sheets attached

(Include amounts from any continuation sheets attached.  
Report total also on Summary of Schedules.)

IN RE Shipp, Lois

Debtor(s)

Case No. \_\_\_\_\_

**SCHEDULE C - PROPERTY CLAIMED AS EXEMPT**

Debtor elects the exemptions to which debtor is entitled under:  
(Check one box)

☐ Check if debtor claims a homestead exemption that exceeds \$125,000.

- ☐ 11 U.S.C. § 522(b)(2)  
☒ 11 U.S.C. § 522(b)(3)

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTIONS
<b><u>SCHEDULE B - PERSONAL PROPERTY</u></b>			
Normal and necessary household goods, including but not limited to: TV, chairs, sofas, tables, bedroom furniture, some kitchen appliances, costume jewelry less than \$500 each piece	735 ILCS 5 §12-1001(b)	750.00	750.00
Clothing	735 ILCS 5 §12-1001(a)	200.00	200.00
1998 GMC Envoy	735 ILCS 5 §12-1001(c)	2,400.00	2,500.00

Debtor(s)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. § 112. If "a minor child" is stated, also include the name, address, and legal relationship to the minor child of a person described in Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

☒ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO.							
		VALUE \$					
ACCOUNT NO.							
		VALUE \$					
ACCOUNT NO.							
		VALUE \$					
ACCOUNT NO.							
		VALUE \$					
Subtotal (Total of this page)						\$	\$
Total (Use only on last page of the completed Schedule D. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						\$	\$

0 continuation sheets attached

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. § 112. If "a minor child" is stated, also include the name, address, and legal relationship to the minor child of a person described in Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts who file a case under chapter 7 or 13 report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts who file a case under chapter 7 report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☒ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

- ☐ **Domestic Support Obligations**  
Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).
- ☐ **Extensions of credit in an involuntary case**  
Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).
- ☐ **Wages, salaries, and commissions**  
Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,000\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).
- ☐ **Contributions to employee benefit plans**  
Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).
- ☐ **Certain farmers and fishermen**  
Claims of certain farmers and fishermen, up to \$4,925\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).
- ☐ **Deposits by individuals**  
Claims of individuals up to \$2,225\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).
- ☐ **Taxes and Certain Other Debts Owed to Governmental Units**  
Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).
- ☐ **Commitments to Maintain the Capital of an Insured Depository Institution**  
Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).
- ☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**  
Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

\* Amounts are subject to adjustment on April 1, 2007, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

0 continuation sheets attached

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. § 112. If "a minor child" is stated, also include the name, address, and legal relationship to the minor child of a person described in Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts filing a case under chapter 7, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.		overdraft				
Account Receivable Collections Dept B Cincinnati, OH 45242-0220						33.00
ACCOUNT NO.		medical				
ACSI Revenue Management 520 Main St Waltham, MA 02452-5549						347.00
ACCOUNT NO.		returned check				
Advance America 1613 Douglas Rd Montgomery, IL 60538-2162						1,008.00
ACCOUNT NO.		Insurance				
Affirmative Insurance 1100 W Northwest Hwy Mount Prospect, IL 60056-2271						188.00
Subtotal (Total of this page)						\$ 1,576.00
Total (Use only on last page of the completed Schedule F. Report also on the Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						\$

25 continuation sheets attached

IN RE Shipp, Lois

Case No. \_\_\_\_\_

Debtor(s)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>30838040</b> <b>Allied Int</b> <b>300 Corporate Exch</b> <b>Columbus, OH 43231</b>		<b>Open account opened 8/06</b>				<b>4,167.00</b>
ACCOUNT NO. <b>01 National City Bank Of The Midw</b>		<b>Assignee or other notification for: Allied Int</b>				
ACCOUNT NO. <b>Americash Loans</b> <b>C/O Checkbook Loan Dept</b> <b>880 Lee St Ste 302</b> <b>Des Plaines, IL 60016-6487</b>		<b>payday loan</b>				<b>50.00</b>
ACCOUNT NO. <b>Asset Acceptance</b> <b>PO Box 2036</b> <b>Warren, MI 48090-2036</b>		<b>collections</b>				<b>635.00</b>
ACCOUNT NO. <b>ATG Credit LLC</b> <b>3536 W 73rd St</b> <b>Chicago, IL 60629-4306</b>		<b>medical</b>				<b>151.00</b>
ACCOUNT NO. <b>Black Expressions</b> <b>Customer Service Center</b> <b>PO Box 6404</b> <b>Camp Hill, PA 17012-6404</b>		<b>magazine</b>				<b>39.97</b>
ACCOUNT NO. <b>Blockbuster 17455</b> <b>PO Box 802068</b> <b>Dallas, TX 75380-2068</b>		<b>blockbuster video</b>				<b>100.00</b>

Sheet no. 1 of 25 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **5,142.97**

(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Shipp, Lois

Case No. \_\_\_\_\_

Debtor(s)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Bolingbrook Water Dept</b>						<b>0.00</b>
ACCOUNT NO. <b>Bookmobile 300 W Briarcliff Rd Bolingbrook, IL 60440-2844</b>		<b>books</b>				<b>40.00</b>
ACCOUNT NO. <b>Brian R Tonner Dds 541 Sullivan Rd Aurora, IL 60506-1406</b>		<b>medical</b>				<b>30.25</b>
ACCOUNT NO. <b>Brooks Middle School 350 Blair Ln Bolingbrook, IL 60440-1801</b>		<b>tuition</b>				<b>265.74</b>
ACCOUNT NO. <b>9094598</b> <b>Calvary Portfolio/collection 7 Skyline Drive 3rd Floor Hawthorne, NY 10532</b>		<b>Open account opened 3/06</b>				<b>231.00</b>
ACCOUNT NO. <b>01 At T</b>		<b>Assignee or other notification for: Calvary Portfolio/collection</b>				
ACCOUNT NO. <b>18989901</b> <b>Centrix Resource Syste 5690 Dtc Blvd Ste 270 Englewood, CO 80111</b>		<b>Installment account opened 1/05</b>				<b>7,257.00</b>

Sheet no. 2 of 25 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **7,823.99**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Shipp, Lois

Case No. \_\_\_\_\_

Debtor(s)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.		<b>collections</b>				
<b>Certegy Claims Accounting PO Box 30272 Tampa, FL 33630-3272</b>						<b>113.00</b>
ACCOUNT NO. <b>16416544</b>		<b>Open account opened 1/04</b>				
<b>Cfc Financial/collection Agency (origina Po Box 2036 Warren, MI 48090</b>						<b>2,081.00</b>
ACCOUNT NO.		<b>Assignee or other notification for: Cfc Financial/collection Agency (origina</b>				
<b>Bally Total Fitness Corp</b>						
ACCOUNT NO.		<b>check guarntee</b>				
<b>Clearcheck Payment Solutions PO Box 27087 Greenville, SC 29616-2087</b>						<b>355.00</b>
ACCOUNT NO. <b>8735699</b>		<b>Open account opened 5/06</b>				
<b>Collection 700 Longwater Driv Norwell, MA 02061</b>						<b>73.00</b>
ACCOUNT NO.		<b>Assignee or other notification for: Collection</b>				
<b>Insura</b>						
ACCOUNT NO. <b>8170336</b>		<b>Installment account opened 2/05</b>				
<b>Collection Co America 700 Longwater Dr Norwell, MA 02061</b>						<b>95.00</b>

Sheet no. 3 of 25 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **2,717.00**

(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Shipp, Lois

Case No. \_\_\_\_\_

Debtor(s)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Village Of Bolingbrook</b>		<b>Assignee or other notification for: Collection Co America</b>				
ACCOUNT NO. <b>8173230</b> <b>Collection Co America</b> <b>700 Longwater Dr</b> <b>Norwell, MA 02061</b>		<b>Installment account opened 2/05</b>				<b>95.00</b>
ACCOUNT NO. <b>Village Of Bolingbrook</b>		<b>Assignee or other notification for: Collection Co America</b>				
ACCOUNT NO. <b>8170335</b> <b>Collection Co America</b> <b>700 Longwater Dr</b> <b>Norwell, MA 02061</b>		<b>Installment account opened 2/05</b>				<b>75.00</b>
ACCOUNT NO. <b>Village Of Bolingbrook</b>		<b>Assignee or other notification for: Collection Co America</b>				
ACCOUNT NO. <b>8173232</b> <b>Collection Co America</b> <b>700 Longwater Dr</b> <b>Norwell, MA 02061</b>		<b>Installment account opened 2/05</b>				<b>55.00</b>
ACCOUNT NO. <b>Village Of Bolingbrook</b>		<b>Assignee or other notification for: Collection Co America</b>				

Sheet no. 4 of 25 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **225.00**

(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Shipp, Lois

Case No. \_\_\_\_\_

Debtor(s)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>8173231</b> <b>Collection Co America</b> <b>700 Longwater Dr</b> <b>Norwell, MA 02061</b>		<b>Installment account opened 2/05</b>				<b>55.00</b>
ACCOUNT NO. <b>Village Of Bolingbrook</b>		<b>Assignee or other notification for: Collection Co America</b>				
ACCOUNT NO. <b>Collection Professionals Inc</b> <b>1256 W Jefferson St Ste 200</b> <b>Joliet, IL 60435-6889</b>		<b>Returned check</b>				<b>567.00</b>
ACCOUNT NO. <b>Collecto/Credit Pac</b> <b>PO Box 608</b> <b>Tinley Park, IL 60477-0608</b>		<b>Phone bill</b>				<b>265.26</b>
ACCOUNT NO. <b>Com Ed</b> <b>Bill Payment Ctr</b> <b>Chicago, IL 60668-0001</b>		<b>electricity</b>				<b>3,544.00</b>
ACCOUNT NO. <b>567223</b> <b>Computer Credit Svc Co</b> <b>Po Box 60201</b> <b>Chicago, IL 60660</b>		<b>Open account opened 1/06</b>				<b>296.00</b>
ACCOUNT NO. <b>Oberweis Dairy</b>		<b>Assignee or other notification for: Computer Credit Svc Co</b>				

Sheet no. 5 of 25 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **4,727.26**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Shipp, Lois

Case No. \_\_\_\_\_

Debtor(s)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Consolidated Public Services</b> <b>121 S 17th St</b> <b>Mattoon, IL 61938-3915</b>		<b>Utility</b>				<b>5.66</b>
ACCOUNT NO. <b>65000890142</b> <b>Corporate America Fcu</b> <b>2075 Big Timber Rd</b> <b>Elgin, IL 60123</b>		<b>Installment account opened 6/03</b>				<b>1,514.00</b>
ACCOUNT NO. <b>32491</b> <b>Cpi- Joliet</b> <b>P O Box 841</b> <b>Joliet, IL 60436</b>		<b>Open account opened 11/03</b>				<b>577.00</b>
ACCOUNT NO. <b>Bolingbrook Chevrolet Inc</b>		<b>Assignee or other notification for:</b> <b>Cpi- Joliet</b>				
ACCOUNT NO. <b>32490</b> <b>Cpi- Joliet</b> <b>P O Box 841</b> <b>Joliet, IL 60436</b>		<b>Open account opened 11/03</b>				<b>74.00</b>
ACCOUNT NO. <b>Bolingbrook Chevrolet Inc</b>		<b>Assignee or other notification for:</b> <b>Cpi- Joliet</b>				
ACCOUNT NO. <b>Credit Protection Assoc</b> <b>13355 Noel Rd Ste 2100</b> <b>Dallas, TX 75240-6837</b>		<b>Cable</b>				<b>743.87</b>

Sheet no. 6 of 25 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **2,914.53**

(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Shipp, Lois

Case No. \_\_\_\_\_

Debtor(s)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Comcast</b> <b>PO Box 3002</b> <b>Southeastern, PA 19398-3002</b>		<b>Assignee or other notification for:</b> <b>Credit Protection Assoc</b>				
ACCOUNT NO. <b>422709746691</b> <b>Cross Country Bank</b> <b>800 Delaware Ave</b> <b>Wilmington, DE 19801</b>		<b>Revolving account opened 6/01</b>				<b>787.00</b>
ACCOUNT NO. <b>DCP Of Illinois Fox Valley</b> <b>2 Fox Valley Mall Located In Sears</b> <b>Aurora, IL 60504</b>		<b>Dental</b>				<b>191.10</b>
ACCOUNT NO. <b>173684235829</b> <b>Dependon Col</b> <b>7627 W Lake St 210</b> <b>River Forest, IL 60305</b>		<b>Open account opened 6/01</b>				<b>190.00</b>
ACCOUNT NO. <b>Med102 Aurora Emergency Associates</b>		<b>Assignee or other notification for:</b> <b>Dependon Col</b>				
ACCOUNT NO. <b>173684235830</b> <b>Dependon Col</b> <b>7627 W Lake St 210</b> <b>River Forest, IL 60305</b>		<b>Open account opened 6/01</b>				<b>165.00</b>
ACCOUNT NO. <b>Med102 Aurora Emergency Associates</b>		<b>Assignee or other notification for:</b> <b>Dependon Col</b>				

Sheet no. 7 of 25 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **1,333.10**

(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Shipp, Lois

Case No. \_\_\_\_\_

Debtor(s)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>173684231803</b> <b>Dependon Collection Se</b> <b>7627 W Lake St 210</b> <b>River Forest, IL 60305</b>		<b>Open account opened 5/01</b>				<b>230.00</b>
ACCOUNT NO. <b>Aurora Emergency Associates</b>		<b>Assignee or other notification for: Dependon Collection Se</b>				
ACCOUNT NO. <b>Dial America Marketing Inc</b> <b>960 Macarthur Blvd</b> <b>Mahwah, NJ 07495-0094</b>		<b>Phone</b>				<b>49.95</b>
ACCOUNT NO. <b>Drs. Bertoglio Lies And Keilty</b> <b>1940 W Galena Blvd Ste 11</b> <b>Aurora, IL 60506-4483</b>		<b>medical</b>				<b>114.00</b>
ACCOUNT NO. <b>Dupage Medical Group</b> <b>3825 Highland Ave</b> <b>Downers Grove, IL 60515-1552</b>		<b>medical</b>				<b>90.00</b>
ACCOUNT NO. <b>Dupage Ped Critical Care</b> <b>801 S Washington St</b> <b>Naperville, IL 60540-7430</b>		<b>medical</b>				<b>2,510.00</b>
ACCOUNT NO. <b>Edward Hospital</b> <b>PO Box 4207</b> <b>Carol Stream, IL 60197-4207</b>		<b>medical</b>				<b>190.50</b>

Sheet no. 8 of 25 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page)

\$ **3,184.45**

(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)

\$

IN RE Shipp, Lois

Case No. \_\_\_\_\_

Debtor(s)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.		Utility bill				
<b>Encore Receivable Management</b> <b>PO Box 330</b> <b>Olathe, KS 66051-0330</b>						<b>265.00</b>
ACCOUNT NO.		magazine				
<b>Everyday</b> <b>PO Box 8038</b> <b>Red Oak, IA 51591-1038</b>						<b>18.00</b>
ACCOUNT NO.		Credit Card				
<b>First National Bank Of Marin</b> <b>PO Box 80015</b> <b>Los Angeles, CA 90080-0015</b>						<b>585.33</b>
ACCOUNT NO.		Phone bill				
<b>First Revenue Assurance</b> <b>PO Box 5818</b> <b>Denver, CO 80217-5818</b>						<b>214.25</b>
ACCOUNT NO.		loans				
<b>GFS Loans</b>						<b>800.00</b>
ACCOUNT NO.		Utility bill				
<b>Global Teldata</b> <b>4700 N Ravenswood Ave</b> <b>Chicago, IL 60640-4408</b>						<b>159.00</b>
ACCOUNT NO. <b>G002eng0010125331</b>		Open account opened 5/04				
<b>Greentree And Associates</b> <b>Po Box 3559</b> <b>Escondido, CA 92033</b>						<b>1,077.00</b>

Sheet no. 9 of 25 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **3,118.58**

(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Shipp, Lois

Case No. \_\_\_\_\_

Debtor(s)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Erac-glen Ellyn</b>		<b>Assignee or other notification for: Greentree And Associates</b>				
ACCOUNT NO. <b>Guaranty Bank 4000 W Brown Deer Rd Brown Deer, WI 53209-1221</b>		<b>overdraft</b>				<b>200.00</b>
ACCOUNT NO. <b>Harvard Collection Services 4839 N Elston Ave Chicago, IL 60630-2534</b>		<b>returned checks</b>				<b>81.42</b>
ACCOUNT NO. <b>Illinois Department Of Human Services PO Box 19407 Springfield, IL 62794-9407</b>						<b>0.00</b>
ACCOUNT NO. <b>James Madison High School 430 Technology Pkwy Norcross, GA 30092-3406</b>		<b>career training</b>				<b>684.00</b>
ACCOUNT NO. <b>14073103232877</b> <b>Jj Macintyr 1212 S Casino Cntr Las Vegas, NV 89104</b>		<b>Open account opened 3/03</b>				<b>108.00</b>
ACCOUNT NO. <b>Mpower Communications Corp</b>		<b>Assignee or other notification for: Jj Macintyr</b>				

Sheet no. 10 of 25 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **1,073.42**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Shipp, Lois

Case No. \_\_\_\_\_

Debtor(s)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>4492816</b> <b>Kca Financial Svcs</b> <b>628 North St</b> <b>Geneva, IL 60134</b>		<b>Open account opened 10/02</b>				<b>94.00</b>
ACCOUNT NO. <b>Provena Mercy Medical Center</b>		<b>Assignee or other notification for: Kca Financial Svcs</b>				
ACCOUNT NO. <b>Lifetouch Preschool Portraits</b> <b>957 Spring Hill Ave</b> <b>Mobile, AL 36604-2721</b>		<b>school pictures</b>				<b>59.95</b>
ACCOUNT NO. <b>153430</b> <b>Lou Harris</b> <b>3605 Woodhead Dr Ste 110a</b> <b>Northbrook, IL 60062</b>		<b>Open account opened 1/05</b>				<b>191.00</b>
ACCOUNT NO. <b>Med102 Sears Dental Fox Valley</b>		<b>Assignee or other notification for: Lou Harris</b>				
ACCOUNT NO. <b>Loyola University Medical Center</b> <b>2160 S 1st Ave</b> <b>Maywood, IL 60153-3328</b>		<b>medical</b>				<b>250.00</b>
ACCOUNT NO. <b>3fa9</b> <b>Lvnv Funding</b> <b>P.o. B 10584</b> <b>Greenville, SC 29603</b>		<b>Open account opened 9/05</b>				<b>532.00</b>

Sheet no. 11 of 25 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **1,126.95**

(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Shipp, Lois

Case No. \_\_\_\_\_

Debtor(s)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Mcjoynt &amp; Kristufek</b>		<b>medical</b>				<b>100.00</b>
ACCOUNT NO. <b>Meijer, Inc Attn: Returned Checks Dept PO Box 3638 Grand Rapids, MI 49501-3638</b>		<b>returned checks</b>				<b>57.51</b>
ACCOUNT NO. <b>8042512202</b> <b>Merchants Cr 223 W Jackson St Suite 900 Chicago, IL 60606</b>		<b>Open account opened 9/04</b>				<b>750.00</b>
ACCOUNT NO. <b>Med1edward Hospital</b>		<b>Assignee or other notification for: Merchants Cr</b>				
ACCOUNT NO. <b>8062442675</b> <b>Merchants Cr 223 W Jackson St Suite 900 Chicago, IL 60606</b>		<b>Open account opened 9/06</b>				<b>500.00</b>
ACCOUNT NO. <b>Med102 Edward Hospital</b>		<b>Assignee or other notification for: Merchants Cr</b>				
ACCOUNT NO. <b>8062442676</b> <b>Merchants Cr 223 W Jackson St Suite 900 Chicago, IL 60606</b>		<b>Open account opened 9/06</b>				<b>500.00</b>

Sheet no. 12 of 25 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **1,907.51**

(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Shipp, Lois

Case No. \_\_\_\_\_

Debtor(s)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Med102 Edward Hospital</b>		<b>Assignee or other notification for: Merchants Cr</b>				
ACCOUNT NO. <b>8062442677</b> <b>Merchants Cr</b> <b>223 W Jackson St Suite 900</b> <b>Chicago, IL 60606</b>		<b>Open account opened 9/06</b>				<b>500.00</b>
ACCOUNT NO. <b>Med102 Edward Hospital</b>		<b>Assignee or other notification for: Merchants Cr</b>				
ACCOUNT NO. <b>8060941452</b> <b>Merchants Cr</b> <b>223 W Jackson St Suite 900</b> <b>Chicago, IL 60606</b>		<b>Open account opened 4/06</b>				<b>500.00</b>
ACCOUNT NO. <b>Med102 Edward Hospital</b>		<b>Assignee or other notification for: Merchants Cr</b>				
ACCOUNT NO. <b>8052141230</b> <b>Merchants Cr</b> <b>223 W Jackson St Suite 900</b> <b>Chicago, IL 60606</b>		<b>Open account opened 8/05</b>				<b>500.00</b>
ACCOUNT NO. <b>Med102 Edward Hospital</b>		<b>Assignee or other notification for: Merchants Cr</b>				

Sheet no. 13 of 25 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **1,500.00**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Shipp, Lois

Case No. \_\_\_\_\_

Debtor(s)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>8042162731</b> <b>Merchants Cr</b> <b>223 W Jackson St Suite 900</b> <b>Chicago, IL 60606</b>		<b>Open account opened 8/04</b>				<b>337.00</b>
ACCOUNT NO. <b>Med1edward Hospital</b>		<b>Assignee or other notification for: Merchants Cr</b>				
ACCOUNT NO. <b>8061920115</b> <b>Merchants Cr</b> <b>223 W Jackson St Suite 900</b> <b>Chicago, IL 60606</b>		<b>Open account opened 7/06</b>				<b>273.00</b>
ACCOUNT NO. <b>Med102 Dupage Medical Group</b>		<b>Assignee or other notification for: Merchants Cr</b>				
ACCOUNT NO. <b>8042512308</b> <b>Merchants Cr</b> <b>223 W Jackson St Suite 900</b> <b>Chicago, IL 60606</b>		<b>Open account opened 9/04</b>				<b>250.00</b>
ACCOUNT NO. <b>Med1edward Hospital</b>		<b>Assignee or other notification for: Merchants Cr</b>				
ACCOUNT NO. <b>8051155764</b> <b>Merchants Cr</b> <b>223 W Jackson St Suite 900</b> <b>Chicago, IL 60606</b>		<b>Open account opened 4/05</b>				<b>210.00</b>

Sheet no. 14 of 25 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **1,070.00**

(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Shipp, Lois

Case No. \_\_\_\_\_

Debtor(s)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Med102 Dupage Medical Group</b>		<b>Assignee or other notification for: Merchants Cr</b>				
ACCOUNT NO. <b>8052680573</b> <b>Merchants Cr</b> <b>223 W Jackson St Suite 900</b> <b>Chicago, IL 60606</b>		<b>Open account opened 9/05</b>				<b>185.00</b>
ACCOUNT NO. <b>Med102 Dupage Medical Group</b>		<b>Assignee or other notification for: Merchants Cr</b>				
ACCOUNT NO. <b>8041887156</b> <b>Merchants Cr</b> <b>223 W Jackson St Suite 900</b> <b>Chicago, IL 60606</b>		<b>Open account opened 7/04</b>				<b>112.00</b>
ACCOUNT NO. <b>Med1edward Hospital</b>		<b>Assignee or other notification for: Merchants Cr</b>				
ACCOUNT NO. <b>8062442478</b> <b>Merchants Cr</b> <b>223 W Jackson St Suite 900</b> <b>Chicago, IL 60606</b>		<b>Open account opened 9/06</b>				<b>100.00</b>
ACCOUNT NO. <b>Med102 Edward Hospital</b>		<b>Assignee or other notification for: Merchants Cr</b>				

Sheet no. 15 of 25 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **397.00**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Shipp, Lois

Case No. \_\_\_\_\_

Debtor(s)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>8052141231</b> <b>Merchants Cr</b> <b>223 W Jackson St Suite 900</b> <b>Chicago, IL 60606</b>		<b>Open account opened 8/05</b>				<b>100.00</b>
ACCOUNT NO. <b>Med102 Edward Hospital</b>		<b>Assignee or other notification for: Merchants Cr</b>				
ACCOUNT NO. <b>8062442678</b> <b>Merchants Cr</b> <b>223 W Jackson St Suite 900</b> <b>Chicago, IL 60606</b>		<b>Open account opened 9/06</b>				<b>100.00</b>
ACCOUNT NO. <b>Med102 Edward Hospital</b>		<b>Assignee or other notification for: Merchants Cr</b>				
ACCOUNT NO. <b>8051841346</b> <b>Merchants Cr</b> <b>223 W Jackson St Suite 900</b> <b>Chicago, IL 60606</b>		<b>Open account opened 7/05</b>				<b>90.00</b>
ACCOUNT NO. <b>Med102 Dupage Medical Group</b>		<b>Assignee or other notification for: Merchants Cr</b>				
ACCOUNT NO. <b>8042970191</b> <b>Merchants Cr</b> <b>223 W Jackson St Suite 900</b> <b>Chicago, IL 60606</b>		<b>Open account opened 10/04</b>				<b>85.00</b>

Sheet no. 16 of 25 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **375.00**

(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Shipp, Lois

Case No. \_\_\_\_\_

Debtor(s)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Med1dupage Medical Group</b>		<b>Assignee or other notification for: Merchants Cr</b>				
ACCOUNT NO. <b>8043072269</b> <b>Merchants Cr</b> <b>223 W Jackson St Suite 900</b> <b>Chicago, IL 60606</b>		<b>Open account opened 11/04</b>				<b>75.00</b>
ACCOUNT NO. <b>Med1edward Hospital</b>		<b>Assignee or other notification for: Merchants Cr</b>				
ACCOUNT NO. <b>8041887154</b> <b>Merchants Cr</b> <b>223 W Jackson St Suite 900</b> <b>Chicago, IL 60606</b>		<b>Open account opened 7/04</b>				<b>75.00</b>
ACCOUNT NO. <b>Med1edward Hospital</b>		<b>Assignee or other notification for: Merchants Cr</b>				
ACCOUNT NO. <b>8041887155</b> <b>Merchants Cr</b> <b>223 W Jackson St Suite 900</b> <b>Chicago, IL 60606</b>		<b>Open account opened 7/04</b>				<b>75.00</b>
ACCOUNT NO. <b>Med1edward Hospital</b>		<b>Assignee or other notification for: Merchants Cr</b>				

Sheet no. 17 of 25 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **225.00**

(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Shipp, Lois

Case No. \_\_\_\_\_

Debtor(s)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>MPower Communications</b> <b>PO Box 36430</b> <b>Las Vegas, NV 89133-6430</b>		<b>Phone bill</b>				<b>135.91</b>
ACCOUNT NO. <b>Naperville City Of</b> <b>3958 W Lake St</b> <b>Elmhurst, IL 60126</b>		<b>ambulance</b>				<b>500.00</b>
ACCOUNT NO. <b>National City Bank</b> <b>Loss Prevention</b> <b>PO Box 2049</b> <b>Akron, OH 44309-2049</b>		<b>overdraft</b>				<b>1.00</b>
ACCOUNT NO. <b>National Credit Adjustors</b> <b>PO Box 3023</b> <b>Hutchinson, KS 67504-3023</b>		<b>payday loan</b>				<b>517.50</b>
ACCOUNT NO. <b>National Opportunities</b>		<b>Collections</b>				<b>600.00</b>
ACCOUNT NO. <b>NCC</b> <b>PO Box 18036</b> <b>Hauppauge, NY 11788-8836</b>		<b>medical</b>				<b>190.00</b>
ACCOUNT NO. <b>6695799</b> <b>Nco/ Collection Agency</b> <b>Pob 41448</b> <b>Philadelphia, PA 19101</b>		<b>Open account opened 3/05</b>				<b>265.00</b>

Sheet no. 18 of 25 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **2,209.41**

(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Shipp, Lois

Case No. \_\_\_\_\_

Debtor(s)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Nco Assignee Of Sbc</b>		<b>Assignee or other notification for: Nco/ Collection Agency</b>				
ACCOUNT NO. <b>638838</b> <b>Nicor Gas</b> <b>1844 Ferry Road</b> <b>Naperville, IL 60563</b>		<b>Open account opened 10/05</b>				<b>1,215.00</b>
ACCOUNT NO. <b>North SHore Agency</b> <b>751 Summa Ave</b> <b>Westbury, NY 11590-5010</b>		<b>magazine</b>				<b>36.09</b>
ACCOUNT NO. <b>Northwest Premium Services</b> <b>330 S Wells St 16th Fl</b> <b>Chicago, IL 60606-7106</b>		<b>Insurance</b>				<b>107.96</b>
ACCOUNT NO. <b>Oak View School</b> <b>Bolingbrook, IL</b>		<b>tuition</b>				<b>300.00</b>
ACCOUNT NO. <b>Oberweis Dairy</b> <b>951 Ice Cream Drive</b> <b>Sweet One</b> <b>North Aurora, IL 60542</b>		<b>services</b>				<b>50.00</b>
ACCOUNT NO. <b>Omnium Worldwide</b> <b>7829 E Broadway Blvd Ste 200</b> <b>Tucson, AZ 85710-3943</b>						<b>390.91</b>

Sheet no. **19** of **25** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **2,099.96**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Shipp, Lois

Case No. \_\_\_\_\_

Debtor(s)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>One Click Cash</b> <b>52946 Highway 12 Ste 3</b> <b>Niobrara, NE 68760-7047</b>		<b>payday loan</b>				<b>100.00</b>
ACCOUNT NO. <b>1104082178</b> <b>Park Dansan</b> <b>P.o. Box 248 113 N 3rd Ave</b> <b>Gastonia, NC 28053</b>		<b>Open account opened 6/04</b>				<b>532.00</b>
ACCOUNT NO. <b>Mci Communications L 4</b>		<b>Assignee or other notification for: Park Dansan</b>				
ACCOUNT NO. <b>Pedicatric Critical Care Special</b> <b>PO Box 298</b> <b>Carol Stream, IL 60132-0001</b>		<b>medical</b>				<b>660.00</b>
ACCOUNT NO. <b>Phillips &amp; Cohen</b> <b>695 Rancocas Rd</b> <b>Westampton, NJ 08060-5626</b>		<b>Water bill</b>				<b>227.97</b>
ACCOUNT NO. <b>Plaza Associates</b> <b>PO Box 18008</b> <b>Hauppauge, NY 11788-8808</b>		<b>collections</b>				<b>496.25</b>
ACCOUNT NO. <b>Prairietrail Credit Union</b> <b>2350 McDonough St</b> <b>Joliet, IL 60436-1049</b>		<b>Credit Union</b>				<b>0.02</b>

Sheet no. 20 of 25 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **2,016.24**

(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Shipp, Lois

Case No. \_\_\_\_\_

Debtor(s)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>1740824</b> <b>Professnl Acct Mgmt In</b> <b>2040 W Wisconsin Ave Apt</b> <b>Milwaukee, WI 53233</b>		<b>Open account opened 10/01</b>				<b>349.00</b>
ACCOUNT NO. <b>TCF Bank</b> <b>800 Burr Ridge</b> <b>Joliet, IL</b>		<b>Assignee or other notification for:</b> <b>Professnl Acct Mgmt In</b>				
ACCOUNT NO. <b>Quest Diagnostics</b> <b>PO Box 64804</b> <b>Baltimore, MD 21264-4804</b>		<b>medical</b>				<b>80.70</b>
ACCOUNT NO. <b>Receivables Management</b> <b>PO Box 593</b> <b>Lansing, IL 60438-0593</b>		<b>collections</b>				<b>95.00</b>
ACCOUNT NO. <b>Rewards 660</b> <b>PO Box 30490</b> <b>Tampa, FL 33630-3490</b>		<b>Credit Card 4/05</b>				<b>120.67</b>
ACCOUNT NO. <b>11395</b> <b>Rmi/mcsi</b> <b>3348 Ridge Rd</b> <b>Lansing, IL 60438</b>		<b>Open account opened 5/02</b>				<b>95.00</b>
ACCOUNT NO. <b>City Of Aurora</b>		<b>Assignee or other notification for:</b> <b>Rmi/mcsi</b>				

Sheet no. 21 of 25 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page)

\$ **740.37**

(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)

\$

IN RE Shipp, Lois

Case No. \_\_\_\_\_

Debtor(s)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Rodgers Auto Sales</b> <b>PO Box 8308</b> <b>Aurora, IL 60507</b>						<b>965.00</b>
ACCOUNT NO. <b>RPM, INC.</b> <b>PO Box 925</b> <b>Rosemont, IL 60018-0925</b>		<b>medical</b>				<b>250.00</b>
ACCOUNT NO. <b>Safeway</b> <b>PO Box 1128</b> <b>San Ramon, CA 94583-1128</b>		<b>Returned check</b>				<b>45.26</b>
ACCOUNT NO. <b>Shaffer &amp; Associates</b> <b>For Scholastic</b> <b>PO Box 1796</b> <b>Columbia, MO 65205-1796</b>		<b>collections</b>				<b>37.95</b>
ACCOUNT NO. <b>3fa96709</b> <b>Sherman Acquisitions</b> <b>Po Box 740281</b> <b>Houston, TX 77274</b>		<b>Open account opened 9/05</b>				<b>532.00</b>
ACCOUNT NO. <b>Mci</b>		<b>Assignee or other notification for:</b> <b>Sherman Acquisitions</b>				
ACCOUNT NO. <b>Social Security Administration</b> <b>Windsor Park Building</b> <b>6401 Security Blvd</b> <b>Baltimore, MD 21235-0001</b>		<b>overpayment of benefits</b>				<b>2,778.00</b>

Sheet no. 22 of 25 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$

**4,608.21**

(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Shipp, Lois

Case No. \_\_\_\_\_

Debtor(s)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Social Security Administration Great Lakes Program Service Center 600 W Madison St Chicago, IL 60661-2406</b>		<b>Assignee or other notification for: Social Security Administration</b>				
ACCOUNT NO. <b>Social Security Administration PO Box 3430 Philadelphia, PA 19122-0430</b>		<b>Assignee or other notification for: Social Security Administration</b>				
ACCOUNT NO. <b>Sprint PO Box 4181 Carol Stream, IL 60197-4181</b>		<b>Phone bill</b>				<b>457.14</b>
ACCOUNT NO. <b>Suretel Phones</b>		<b>Phone bill</b>				<b>500.00</b>
ACCOUNT NO. <b>Telecom USA PO Box 600607 Jacksonville, FL 32260-0607</b>		<b>Phone bil</b>				<b>32.14</b>
ACCOUNT NO. <b>Dupage County Bad Checks 551 Roosevelt Rd Glen Ellyn, IL 60137-5734</b>		<b>Assignee or other notification for: Telecom USA</b>				
ACCOUNT NO. <b>The Panther Pals Club 178 Brookwood Ln E Bolingbrook, IL 60440-5512</b>		<b>medical</b>				<b>625.36</b>

Sheet no. 23 of 25 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **1,614.64**

(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Shipp, Lois

Case No. \_\_\_\_\_

Debtor(s)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.		magazine subscription				
<b>Time Life</b> <b>1450 E Parham Road</b> <b>Richmond, VA 23280-2300</b>						<b>31.85</b>
ACCOUNT NO.		overdraft				
<b>TRS Recovery Serivces</b> <b>5251 Westheimer Rd</b> <b>Houston, TX 77056-5412</b>						<b>914.65</b>
ACCOUNT NO.		Phone bill				
<b>Trucomm</b> <b>1608 Barclay Blvd</b> <b>Buffalo Grove, IL 60089-4523</b>						<b>81.42</b>
ACCOUNT NO.		collections				
<b>Truelogic Financial Corporation</b> <b>10000 E Geddes Ave Ste 100</b> <b>Englewood, CO 80112-3681</b>						<b>590.52</b>
ACCOUNT NO. <b>10716207</b>		Open account opened 9/03				
<b>Un Coll Tol</b> <b>5620 Southwyck Blv</b> <b>Toledo, OH 43614</b>						<b>58.00</b>
ACCOUNT NO.		Assignee or other notification for:				
<b>Meijer Inc</b>		Un Coll Tol				
ACCOUNT NO.		overdraft				
<b>Us Bank</b> <b>205 W 4th St</b> <b>Cincinnati, OH 45202-2628</b>						<b>575.00</b>

Sheet no. 24 of 25 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **2,251.44**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Shipp, Lois

Case No. \_\_\_\_\_

Debtor(s)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Us Kids</b> <b>PO Box 420683</b> <b>Palm Coast, FL 32142-0683</b>		<b>subscription</b>				<b>16.96</b>
ACCOUNT NO. <b>Valley View Public Schools</b> <b>Finance Dept</b> <b>755 Luther Dr</b> <b>Romeoville, IL 60446-1156</b>		<b>bad check</b>				<b>70.00</b>
ACCOUNT NO. <b>Wachovia/ FtU</b> <b>PO Box 3117</b> <b>Winston Salem, NC 27102-3117</b>		<b>overdraft</b>				<b>71.03</b>
ACCOUNT NO. <b>West Suburban Currency Exchanges</b> <b>53 Clock Tower Plz</b> <b>Elgin, IL 60120-7800</b>		<b>returned check</b>				<b>50.00</b>
ACCOUNT NO. <b>Z Tel Phone</b>		<b>Phone bill</b>				<b>300.00</b>
ACCOUNT NO.						
ACCOUNT NO.						

Sheet no. 25 of 25 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **507.99**

(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)

Total  
\$ **56,486.02**

IN RE Shipp, Lois

Case No. \_\_\_\_\_

Debtor(s)

**SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES**

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. § 112; Fed.R. Bankr. P. 1007(m).

☒ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE OF OTHER PARTIES TO LEASE OR CONTRACT	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.

IN RE Shipp, Lois

Debtor(s)

Case No. \_\_\_\_\_

### SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. § 112; Fed. Bankr. P. 1007(m).

☒ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child.

Debtor's Marital Status <b>Single</b>	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP(S):	AGE(S): <b>4</b> <b>6</b> <b>9</b> <b>11</b> <b>12</b>
EMPLOYMENT:	DEBTOR	SPOUSE
Occupation Name of Employer How long employed Address of Employer	<b>Sears</b>  <b>8725 W Sahara Ave</b> <b>The Lakes, NV 89163-0001</b>	

<b>INCOME:</b> (Estimate of average or projected monthly income at time case filed)	DEBTOR	SPOUSE
1. Current monthly gross wages, salary, and commissions (prorate if not paid monthly)	\$ <b>1,289.00</b>	\$
2. Estimated monthly overtime	\$	\$
<b>3. SUBTOTAL</b>	<b>\$ 1,289.00</b>	
4. LESS PAYROLL DEDUCTIONS		
a. Payroll taxes and Social Security	\$ <b>95.24</b>	\$
b. Insurance	\$ <b>283.00</b>	\$
c. Union dues	\$	\$
d. Other (specify)	\$	\$
<b>5. SUBTOTAL OF PAYROLL DEDUCTIONS</b>	<b>\$ 378.24</b>	
<b>6. TOTAL NET MONTHLY TAKE HOME PAY</b>	<b>\$ 910.76</b>	
7. Regular income from operation of business or profession or farm (attach detailed statement)	\$	\$
8. Income from real property	\$	\$
9. Interest and dividends	\$	\$
10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above	\$	\$
11. Social Security or other government assistance (Specify) <b>Social Security</b>	\$ <b>560.00</b>	\$
12. Pension or retirement income	\$	\$
13. Other monthly income (Specify)	\$	\$
<b>14. SUBTOTAL OF LINES 7 THROUGH 13</b>	<b>\$ 560.00</b>	
<b>15. AVERAGE MONTHLY INCOME</b> (Add amounts shown on lines 6 and 14)	<b>\$ 1,470.76</b>	
<b>16. COMBINED AVERAGE MONTHLY INCOME:</b> (Combine column totals from line 15; if there is only one debtor repeat total reported on line 15)	<b>\$ 1,470.76</b>	

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:  
**None**

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor’s family at time case filed. Prorate any payments made biweekly, quarterly, semi-annually, or annually to show monthly rate.

☐ Check this box if a joint petition is filed and debtor’s spouse maintains a separate household. Complete a separate schedule of expenditures labeled “Spouse.”

1. Rent or home mortgage payment (include lot rented for mobile home)	\$ 215.00
a. Are real estate taxes included? Yes No <input checked="" type="checkbox"/>	
b. Is property insurance included? Yes No <input checked="" type="checkbox"/>	
2. Utilities:	
a. Electricity and heating fuel	\$ 220.00
b. Water and sewer	\$
c. Telephone	\$ 100.00
d. Other	\$
3. Home maintenance (repairs and upkeep)	\$
4. Food	\$ 550.00
5. Clothing	\$ 100.00
6. Laundry and dry cleaning	\$ 100.00
7. Medical and dental expenses	\$ 100.00
8. Transportation (not including car payments)	\$ 200.00
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$
10. Charitable contributions	\$
11. Insurance (not deducted from wages or included in home mortgage payments)	
a. Homeowner’s or renter’s	\$
b. Life	\$
c. Health	\$
d. Auto	\$
e. Other	\$
12. Taxes (not deducted from wages or included in home mortgage payments)	
(Specify)	\$
13. Installment payments: (in chapter 11, 12 and 13 cases, do not list payments to be included in the plan)	
a. Auto	\$
b. Other	\$
14. Alimony, maintenance, and support paid to others	\$
15. Payments for support of additional dependents not living at your home	\$
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$
17. Other	\$

18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.

\$ 1,585.00

19. Describe any increase or decrease in expenditures anticipated to occur within the year following the filing of this document:  
None

20. STATEMENT OF MONTHLY NET INCOME	
a. Average monthly income from Line 15 of Schedule I	\$ 1,470.76
b. Average monthly expenses from Line 18 above	\$ 1,585.00
c. Monthly net income (a. minus b.)	\$ -114.24

Debtor(s)

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 38 sheets (*total shown on summary page plus 2*), and that they are true and correct to the best of my knowledge, information, and belief.

Date: March 5, 2007 Signature: /s/ Lois Shipp  
**Lois Shipp** Debtor

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Joint Debtor, if any)  
[If joint case, both spouses must sign.]

DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342 (b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer \_\_\_\_\_ Social Security No. (Required by 11 U.S.C. § 110.) \_\_\_\_\_  
*If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs the document.*

\_\_\_\_\_  
Address

Signature of Bankruptcy Petition Preparer \_\_\_\_\_ Date \_\_\_\_\_

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

*A bankruptcy petition preparer's failure to comply with the provision of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.*

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the \_\_\_\_\_ (the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership) of the \_\_\_\_\_ (corporation or partnership) named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of \_\_\_\_\_ sheets (*total shown on summary page plus 1*), and that they are true and correct to the best of my knowledge, information, and belief.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

(Print or type name of individual signing on behalf of debtor)

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

Document Page 47 of 57  
 United States Bankruptcy Court  
 Northern District of Illinois

IN RE:

Case No. \_\_\_\_\_

Shipp, Lois

Chapter 7

Debtor(s)

### STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. Do not include the name or address of a minor child in this statement. Indicate payments, transfers and the like to minor children by stating "a minor child." See 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

#### DEFINITIONS

*"In business."* A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

*"Insider."* The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

#### 1. Income from employment or operation of business

None ☐ State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
1,200.00	2007
16,000.00	2006

#### 2. Income other than from employment or operation of business

None ☒ State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 3. Payments to creditors

*Complete a. or b., as appropriate, and c.*

None ☒ a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case if the aggregate value of all property that constitutes or is affected by such transfer is not less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☐ b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case if the aggregate value of all property that constitutes or is affected by such transfer is not less than \$5,000. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 4. Suits and administrative proceedings, executions, garnishments and attachments

None ☒ a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 5. Repossessions, foreclosures and returns

None ☒ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 6. Assignments and receiverships

None ☒ a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 7. Gifts

None ☒ List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 8. Losses

None ☒ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case.** (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 9. Payments related to debt counseling or bankruptcy

None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under bankruptcy law or preparation of a petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Gleason And Gleason LLC 77 W Washington, Ste 1218 Chicago, IL 60602		271.00

#### 10. Other transfers

None ☒ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

- None ☐ b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

#### 11. Closed financial accounts

- None ☒ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 12. Safe deposit boxes

- None ☒ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 13. Setoffs

- None ☒ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 14. Property held for another person

- None ☒ List all property owned by another person that the debtor holds or controls.

#### 15. Prior address of debtor

- None ☒ If debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

#### 16. Spouses and Former Spouses

- None ☒ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

#### 17. Environmental Information

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

- None ☒ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.

- None ☒ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

- None ☒ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

**18. Nature, location and name of business**

None ☒ a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

*If the debtor is a partnership*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

*If the debtor is a corporation*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

None ☒ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

*[If completed by an individual or individual and spouse]*

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date: **March 5, 2007** Signature **/s/ Lois Shipp**  
of Debtor **Lois Shipp**

Date: \_\_\_\_\_ Signature \_\_\_\_\_  
of Joint Debtor  
(if any)

0 continuation pages attached

*Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. § 152 and 3571.*

IN RE:

Shipp, Lois

Case No. \_\_\_\_\_

Chapter 7

Debtor(s)

**CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION**

- ☐ I have filed a schedule of assets and liabilities which includes debts secured by property of the estate.  
☐ I have filed a schedule of executory contracts and unexpired leases which includes personal property subject to an unexpired lease.  
☐ I intend to do the following with respect to the property of the estate which secures those debts or is subject to a lease:

Description of Secured Property	Creditor's Name	Property will be Surrendered	Property is claimed as exempt	Property will be redeemed pursuant to 11 U.S.C. § 722	Debt will be reaffirmed pursuant to 11 U.S.C. § 524(c)
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None

Description of Leased Property	Lessor's Name	Lease will be assumed pursuant to 11 U.S.C. § 362(h)(1)(A)
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03/05/2007

Date

/s/ Lois Shipp

Lois Shipp

Debtor

Joint Debtor (if applicable)

**DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342 (b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer

Social Security No. (Required by 11 U.S.C. § 110.)

*If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs the document.*

Address

Signature of Bankruptcy Petition Preparer

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

*A bankruptcy petition preparer's failure to comply with the provision of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.*

IN RE:

Case No. \_\_\_\_\_

Shipp, Lois

Chapter 7

Debtor(s)

**VERIFICATION OF CREDITOR MATRIX**

Number of Creditors 116

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: March 5, 2007

/s/ Lois Shipp

Debtor

\_\_\_\_\_  
Joint Debtor

Shipp, Lois  
452 Saulk Ln  
Bolingbrook, IL 60440

ATG Credit LLC  
3536 W 73rd St  
Chicago, IL 60629-4306

Capital Management Services  
726 Exchange St Ste 700  
Buffalo, NY 14210-1464

Gleason And Gleason LLC  
77 W Washington, Ste 1218  
Chicago, IL 60602

Ballys Total Fitness  
12440 Imperial Hwy Ste 300  
Norwalk, CA 90650-8309

Capital One  
PO Box 5155  
Norcross, GA 30091-5155

Account Receivable Collections  
Dept B  
Cincinnati, OH 45242-0220

Bennett & Deloney  
1265 Fort Union Blvd Ste 150  
Midvale, UT 84047-1862

Centrix Resource Syste  
5690 Dtc Blvd Ste 270  
Englewood, CO 80111

ACSI Revenue Management  
520 Main St  
Waltham, MA 02452-5549

Black Expressions  
Customer Service Center  
PO Box 6404  
Camp Hill, PA 17012-6404

Certegy  
Claims Accounting  
PO Box 30272  
Tampa, FL 33630-3272

Advance America  
1613 Douglas Rd  
Montgomery, IL 60538-2162

Blockbuster 17455  
PO Box 802068  
Dallas, TX 75380-2068

Cfc Financial/collection Agency (origina  
Po Box 2036  
Warren, MI 48090

Affirmative Insurance  
1100 W Northwest Hwy  
Mount Prospect, IL 60056-2271

Bookmobile  
300 W Briarcliff Rd  
Bolingbrook, IL 60440-2844

Check N Go  
1027 S Roselle Rd  
Schaumburg, IL 60193-3960

Allied Int  
300 Corporate Exch  
Columbus, OH 43231

Boyajian Law Offices Pc  
201 Route 17 5th Fl  
Rutherford, NJ 07070-2574

Clearcheck Payment Solutions  
PO Box 27087  
Greenville, SC 29616-2087

Americash Loans  
C/O Checkbook Loan Dept  
880 Lee St Ste 302  
Des Plaines, IL 60016-6487

Brian R Tonner Dds  
541 Sullivan Rd  
Aurora, IL 60506-1406

Collection  
700 Longwater Driv  
Norwell, MA 02061

Asset Acceptance  
PO Box 2036  
Warren, MI 48090-2036

Brooks Middle School  
350 Blair Ln  
Bolingbrook, IL 60440-1801

Collection Co America  
700 Longwater Dr  
Norwell, MA 02061

At&T  
PO Box 6241  
Sioux Falls, SD 57117-6241

Calvary Portfolio/collection  
7 Skyline Drive 3rd Floor  
Hawthorne, NY 10532

Collection Professionals Inc  
1256 W Jefferson St Ste 200  
Joliet, IL 60435-6889

Collecto/Credit Pac  
PO Box 608  
Tinley Park, IL 60477-0608

Dennis B Porick  
63 W Jefferson St  
Joliet, IL 60432-4337

Encore Receivable Management  
PO Box 330  
Olathe, KS 66051-0330

Com Ed  
Bill Payment Ctr  
Chicago, IL 60668-0001

Dependon Col  
7627 W Lake St 210  
River Forest, IL 60305

Er Solutions  
PO Box 5730  
Hauppauge, NY 11788-0154

Comcast  
PO Box 3002  
Southeastern, PA 19398-3002

Dependon Collection Se  
7627 W Lake St 210  
River Forest, IL 60305

Everyday  
PO Box 8038  
Red Oak, IA 51591-1038

Computer Credit Svc Co  
Po Box 60201  
Chicago, IL 60660

Dial Adjustment Bureau  
960 Macarthur Blvd  
Mahwah, NJ 07495-0094

First National Bank Of Marin  
PO Box 80015  
Los Angeles, CA 90080-0015

Consolidated Public Services  
121 S 17th St  
Mattoon, IL 61938-3915

Dial America Marketing Inc  
960 Macarthur Blvd  
Mahwah, NJ 07495-0094

First National Collection Bureau  
3631 Warren Way  
Reno, NV 89509-5241

Corporate America Fcu  
2075 Big Timber Rd  
Elgin, IL 60123

Drs. Bertoglio Lies And Keilty  
1940 W Galena Blvd Ste 11  
Aurora, IL 60506-4483

First Revenue Assurance  
PO Box 5818  
Denver, CO 80217-5818

Cpi- Joliet  
P O Box 841  
Joliet, IL 60436

Dupage County Bad Checks  
551 Roosevelt Rd  
Glen Ellyn, IL 60137-5734

Global Teldata  
4700 N Ravenswood Ave  
Chicago, IL 60640-4408

Credit Protection Assoc  
13355 Noel Rd Ste 2100  
Dallas, TX 75240-6837

Dupage Medical Group  
3825 Highland Ave  
Downers Grove, IL 60515-1552

Greentree And Associates  
Po Box 3559  
Escondido, CA 92033

Cross Country Bank  
800 Delaware Ave  
Wilmington, DE 19801

Dupage Ped Critical Care  
801 S Washington St  
Naperville, IL 60540-7430

Guaranty Bank  
4000 W Brown Deer Rd  
Brown Deer, WI 53209-1221

DCP Of Illinois Fox Valley  
2 Fox Valley Mall Located In Sears  
Aurora, IL 60504

Edward Hospital  
PO Box 4207  
Carol Stream, IL 60197-4207

Harvard Collection Services  
4839 N Elston Ave  
Chicago, IL 60630-2534

Hidden Lakes Dental Care  
680 W Boughton Rd  
Bolingbrook, IL 60440-2185

Lvnv Funding  
P.o. B 10584  
Greenville, SC 29603

North SHore Agency  
751 Summa Ave  
Westbury, NY 11590-5010

Illinois Department Of Human Services  
PO Box 19407  
Springfield, IL 62794-9407

Meijer, Inc  
Attn: Returned Checks Dept  
PO Box 3638  
Grand Rapids, MI 49501-3638

Northwest Premium Services  
330 S Wells St 16th Fl  
Chicago, IL 60606-7106

James Madison High School  
430 Technology Pkwy  
Norcross, GA 30092-3406

Merchants Cr  
223 W Jackson St Suite 900  
Chicago, IL 60606

Oberweis Dairy  
951 Ice Cream Drive  
Sweet One  
North Aurora, IL 60542

Jj Macintyr  
1212 S Casino Cntr  
Las Vegas, NV 89104

MPower Communications  
PO Box 36430  
Las Vegas, NV 89133-6430

Omnium Worldwide  
7829 E Broadway Blvd Ste 200  
Tucson, AZ 85710-3943

Kca Financial Svcs  
628 North St  
Geneva, IL 60134

Naperville City Of  
3958 W Lake St  
Elmhurst, IL 60126

One Click Cash  
52946 Highway 12 Ste 3  
Niobrara, NE 68760-7047

LaSalle Bank  
135 S La Salle St  
Chicago, IL 60603-4177

National City Bank  
Loss Prevention  
PO Box 2049  
Akron, OH 44309-2049

Park Dansan  
P.o. Box 248 113 N 3rd Ave  
Gastonia, NC 28053

LDG Financial Services  
4553 Winters Chapel Rd  
Atlanta, GA 30360-2772

National Credit Adjustors  
PO Box 3023  
Hutchinson, KS 67504-3023

Pedicatric Critical Care Special  
PO Box 298  
Carol Stream, IL 60132-0001

Lifetouch Preschool Portraits  
957 Spring Hill Ave  
Mobile, AL 36604-2721

NCC  
PO Box 18036  
Hauppauge, NY 11788-8836

Phillips & Cohen  
695 Rancocas Rd  
Westampton, NJ 08060-5626

Lou Harris  
3605 Woodhead Dr Ste 110a  
Northbrook, IL 60062

Nco/ Collection Agency  
Pob 41448  
Philadelphia, PA 19101

Plaza Associates  
PO Box 18008  
Hauppauge, NY 11788-8808

Loyola University Medical Center  
2160 S 1st Ave  
Maywood, IL 60153-3328

Nicor Gas  
1844 Ferry Road  
Naperville, IL 60563

Prairietrail Credit Union  
2350 McDonough St  
Joliet, IL 60436-1049

Professional Bureau Of Collections  
PO Box 628  
Elk Grove, CA 95759-0628

Sherman Acquisitions  
Po Box 740281  
Houston, TX 77274

Trucomm  
1608 Barclay Blvd  
Buffalo Grove, IL 60089-4523

Professnl Acct Mgmt In  
2040 W Wisconsin Ave Apt  
Milwaukee, WI 53233

Social Security Administration  
Windsor Park Building  
6401 Security Blvd  
Baltimore, MD 21235-0001

Truelogic Financial Corporation  
10000 E Geddes Ave Ste 100  
Englewood, CO 80112-3681

Quest Diagnostics  
PO Box 64804  
Baltimore, MD 21264-4804

Social Security Administration  
Great Lakes Program Service Center  
600 W Madison St  
Chicago, IL 60661-2406

Un Coll Tol  
5620 Southwyck Blv  
Toledo, OH 43614

Receivables Management  
PO Box 593  
Lansing, IL 60438-0593

Social Security Administration  
PO Box 3430  
Philadelphia, PA 19122-0430

Us Bank  
205 W 4th St  
Cincinnati, OH 45202-2628

Rewards 660  
PO Box 30490  
Tampa, FL 33630-3490

Sprint  
PO Box 4181  
Carol Stream, IL 60197-4181

Us Kids  
PO Box 420683  
Palm Coast, FL 32142-0683

Rmi/mcsi  
3348 Ridge Rd  
Lansing, IL 60438

Tate & Kirlin Associates  
2810 Southampton Rd  
Philadelphia, PA 19154-1207

Valley View Public Schools  
Finance Dept  
755 Luther Dr  
Romeoville, IL 60446-1156

Rodgers Auto Sales  
PO Box 8308  
Aurora, IL 60507

Telecom USA  
PO Box 600607  
Jacksonville, FL 32260-0607

Wachovia/ Ftu  
PO Box 3117  
Winston Salem, NC 27102-3117

RPM, INC.  
PO Box 925  
Rosemont, IL 60018-0925

The Panther Pals Club  
178 Brookwood Ln E  
Bolingbrook, IL 60440-5512

West Suburban Currency Exchanges  
53 Clock Tower Plz  
Elgin, IL 60120-7800

Safeway  
PO Box 1128  
San Ramon, CA 94583-1128

Time Life  
1450 E Parham Road  
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